

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gmc		7/12/00
O.I.P.E. CLASSIFIER		6485 48	2/19/00
FORMALITY REVIEW		3	8/3/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	2/1/01	
2	✓	7/13/01	
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
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45	✓		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	7/13/01	
52	✓		
53	✓		
54	✓		
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56	✓		
57	✓		
58	✓		
59	✓		
60	✓		
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100	✓		

Claim	Final	Original	Date
101	✓		
102	✓		
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108	✓		
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146	✓		
147	✓		
148	✓		
149	✓		
150	✓		

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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